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STATE OF DELAWARE  
MOTOR FUEL TAX ADMINISTRATION  
**LICENSED SPECIAL FUEL SUPPLIER TAX RETURN**

RETURN MONTH/YEAR	LICENSE NO.	FEI / SS # :
NAME OF LICENSEE		
ADDRESS		
CITY, STATE, ZIP CODE		

RECEIPTS: (INDICATE RECEIPT SCHEDULE NUMBER AND PRODUCT CODE; ENTER GALLON TOTALS FROM EACH INDIVIDUAL SCHEDULE.  
DO NOT USE OR SHOW TENTHS; SEE INSTRUCTIONS FOR FURTHER DETAIL.)

**1. TAX PAID & TAX FREE SPECIAL FUEL PURCHASES:**

SCHEDULE NUMBER:	_____	PRODUCT CODE:	_____	GALLONS:	_____
SCHEDULE NUMBER:	_____	PRODUCT CODE:	_____	GALLONS:	_____
SCHEDULE NUMBER:	_____	PRODUCT CODE:	_____	GALLONS:	_____
SCHEDULE NUMBER:	_____	PRODUCT CODE:	_____	GALLONS:	_____
SCHEDULE NUMBER:	_____	PRODUCT CODE:	_____	GALLONS:	_____
SCHEDULE NUMBER:	_____	PRODUCT CODE:	_____	GALLONS:	_____
SCHEDULE NUMBER:	_____	PRODUCT CODE:	_____	GALLONS:	_____

DISBURSEMENTS: (INDICATE DISBURSEMENT SCHEDULE NUMBER AND PRODUCT CODE; ENTER GALLON TOTALS FROM EACH INDIVIDUAL SCHEDULE.  
DO NOT USE OR SHOW TENTHS; SEE INSTRUCTIONS FOR FURTHER DETAIL.)

**2. TAXABLE SALES/USE:**

SCHEDULE NUMBER	PRODUCT CODE	GALLONS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL TAXABLE SALES/USE		_____

**3. NON-TAXABLE SALES/USE/EXPORTS:**

SCHEDULE NUMBER	PRODUCT CODE	GALLONS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL NON-TAXABLE SALES/USE/EXPORTS		_____

4. TOTAL TAXABLE SALES/USE DISBURSEMENTS: (TOTAL PER BOX 2)

5. LESS: TAX PAID SPECIAL FUEL PURCHASES (PER RECEIPT SCHEDULE #1)

6. LESS: CREDIT CARD SALES TO AUTHORIZED EXEMPT ENTITIES (ATTACH DISBURSEMENT SCHEDULE 11)

7. TOTAL NET TAXABLE SALES/USE DISBURSMENTS (LINE 4 LESS LINES 5 & 6)

8. TOTAL TAX DUE (LINE #7 X .22 CENTS PER GALLON)

MAKE CHECK PAYABLE TO MOTOR FUEL TAX ADMINISTRATION

CHECK#

CERTIFICATION: I HEREBY CERTIFY UNDER THE PENALTIES OF PERJURY THAT THIS RETURN IS A TRUE, COMPLETE AND CORRECT REPORT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

PRINT NAME	SIGNATURE	TITLE	DATE
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RETURN & TAX REMITTANCE MUST BE U.S. POSTMARKED ON OR BEFORE THE 25TH DAY OF THE MONTH FOLLOWING THE PERIOD OF THIS RETURN. SEE INSTRUCTIONS FOR REMITTING TAX PAYMENTS VIA ELECTRONIC FUNDS TRANSFER (EFT).  
RETURN MUST BE FILED EVEN IF NO TRANSACTIONS OCCURRED DURING REPORTING MONTH.